TMB Trading Limited. Nomad Travel Birmingham

Inspection report

Nomad Travel
Inside STA Travel, 37 Corporation St
Birmingham
B2 4SL
Tel: 01216435912
www.nomadtravel.co.uk

Date of inspection visit: 19 September 2019
Date of publication: 15/11/2019

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall. (This service was previously inspected on 13 November 2018, but was not rated).

The key questions are rated as:

Are services safe? - Good

Are services effective? - Good

Are services caring? - Good

Are services responsive? - Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at TMB Trading Ltd Birmingham as part of our inspection programme.

TMB Trading Ltd is the registered provider for Nomad Travel Services. Nomad provides travel vaccinations, post travel support and treatment and advice travel service.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of travel vaccines.

One of the lead nurses of TMB Trading Limited is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The provider regularly reviewed the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines and up to date travel health information.
- Each client received individualised travel health information including supporting information on health risks related to their destinations and a written immunisation plan specific to them.
- The travel clinics offered a complete service including advice, vaccines, anti-malarial medicines and medical kits.
- The service had effective systems in place for recording, reporting and managing significant events and incidents.
- Staff demonstrated clear understanding and awareness of their responsibilities in relation to keeping patients safe and safeguarded from abuse.
- Staff were supported in their learning and development needs and had access to training as well as regular appraisals. Staff, we spoke with felt confident in raising concerns and suggesting improvement.
- The practice had no access for patients with a disability, but screening of patients calls was in place before an appointment was offered. Patients who could not access the service were referred to other local providers.
- There was a range of audits and assessments in place to monitor services and minimise risk.
- There were clear and effective processes for managing clinical and environmental risks as well as preventing, detecting and controlling the spread of infections.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

The areas where the provider **should** make improvements are:

- Ensure all staff working at the premises are aware of the distance to the local defibrillator in an emergency situation.
- Consider weekly download of fridge temperature data logger to support fridge readings.
- Review current processes of staff immunisation to ensure staff are not at risk.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a specialist adviser.

Background to TMB Trading Limited. Nomad Travel Birmingham

The registered provider of the clinic is TMB Trading Limited, who has owned the Nomad travel stores and clinics since June 2016. TMB Trading Limited provides ten travel clinics across England and Wales. Further information about the service can be found by accessing the website at https://www.nomadtravel.co.uk

Nomad Travel Clinic in Birmingham has recently moved to new premises and is now situated on the first floor within STA Travel shop, 37 Corporation Street, Birmingham B2 4LS. The service is accessed by stairs. Nomad Travel Clinic has no wheelchair access.

The clinic offers travel health consultations, travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults. In addition, the service works with Public Health England to deliver post-exposure Rabies vaccination. They also provide travel related retail items.

The clinic is staffed by one registered nurse who is a travel health nurse. The nurse is supported by a travel host. The travel host acted as an administrative support for the nurse, which includes arranging appointments, discussing clients' travel needs and meeting clients on arrival at the clinic. The Birmingham clinic is open on Tuesdays between 9.30am and 6pm; Thursdays between 10.45am and 6.45pm and Saturdays between 9.30am and 6pm. In addition, Nomad provide a telephone consultation service with travel health nurses and have a central customer service team to manage appointment bookings.

How we inspected this service

Before visiting, we reviewed a range of information we held about the clinic. We also reviewed any information that the provider returned to us, the providers' website and any links to social media.

During our visit we:

Spoke with a range of staff including the clinical pharmacist, lead nurse, specialised travel nurse and host.

Looked at information the clinic used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Good

Are services safe?

We rated safe as Good because:

There was an effective system in place for recording, reporting and managing significant events and incidents. Staff demonstrated that they understood their responsibilities if there were safeguarding concerns and staff had completed safeguarding training relevant to their role. The service demonstrated clear oversight of clinical and environmental risks.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. Evidence provided by the clinic showed an environmental cleanliness audit tool had been completed on 18 September 2019 and a monthly deep clean plan was in place. The last recorded date for the deep clean was on 5 September 2019. Staff told us that the lead nurses were stepping into new roles for the management and monitoring of infection control. All nurses working at the clinics had the responsibility for ensuring equipment and premises were cleaned to the appropriate standard.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. A monthly health and safety checklist was in place. Evidence provided by the clinic showed this had last been reviewed and completed on 12 September 2019.
- Before moving to the new premises a review of fire safety had been completed in February 2019. On moving to the new premises, the provider found the fire exit door padlocked and rubble in the exit stairway. This was reported to the landlords and now all exits are unlocked and clear.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- The practice had reviewed staff immunisation status to ensure all staff had received appropriate immunisation against Hepatitis B, however they had no record of other recommended immunisations for healthcare professionals.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- The clinic carried out emergency scenarios with staff to ensure they were fully trained on what to do in an

emergency. The clinic did not have a defibrillator on site, but there was a formal agreement in place to access the nearest accessible defibrillator in case of an emergency. Staff were aware of where the defibrillator was situated, a risk assessment had been completed, but had not visited the site to ensure they were aware of the quickest route.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks.
- The clinic provided travel advice, travel vaccines and anti-malarial medicines. Each client received individualised travel health information including supporting information on health risks related to their destinations and a written immunisation plan specific to them. Nomad Travel clinics also offered post travel advice and treatment for all travellers when required.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Neither did they prescribe schedule 4 or 5 controlled drugs.
- There was no prescribing of medicines at the travel clinic, as all travel medicines were administered under Patient Group Directions (PGD). Patient Group Directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).
- Staff administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- Unlicensed vaccines were used when required. Clients were fully informed of the risks involved and these vaccines were supplied or administered under a Patient Specific Direction (PSD), signed off by a clinical pharmacist. A PSD is a written instruction, signed by a prescriber for medicines to be supplied and/or administered to a named patient after the prescriber had assessed the patient on an individual basis.
- For children attending appointments, the personal child health record also known as the red book was requested and identification of parents/guardian was required. All consent was recorded in the clients' record and vaccines administered were also recorded in the child's red book.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders

and managers supported them when they did so. Any incidents that occurred were documented and sent to the senior management team for review. Learning outcomes were shared with staff through meetings. The provider told us of a recent incident which involved raised temperatures of the vaccine fridge. The staff followed the appropriate guidelines to check if the vaccines were fit for use, changed the batteries in the fridge timer and reported the incident to the senior management team. A data logger was in place to support the external fridge timer, however we found this was not downloaded on a regular basis.

- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. A monitoring system was in place to identify any trends and to ensure risks were mitigated.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents:
- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. The latest alert issued by the Medicines and Healthcare products Regulatory Agency (MHRA) concerned evidence of fatal adverse reactions to yellow fever vaccine. The alert advised of the importance of a detailed individual risk assessment before administering yellow fever vaccine especially for those who may be immunocompromised or aged 60 years and older. Staff told us that an information sheet of the risks was given to the client before the appointment and was discussed verbally with the client when they attended for their vaccine. Before administering the vaccine, clients had to sign a consent form to confirm they had read and understood the potential risks.

Good

Are services effective?

We rated effective as Good because:

- The clinic carried out assessments and treatment in line with relevant and current evidence-based guidance and standards, including the Advisory Committee on Malaria Prevention (ACMP) guidelines, Travax – Clinical travel health information for UK healthcare practitioners the National Travel Health Network and Centre (NaTHNaC).
- Patients received appropriate travel advice, vaccines and after care advice.
- The clinic had systems to keep all clinical staff up to date. Staff had access to guidelines and learning from various sources and used this information to deliver care and treatment that met patients' needs.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- All staff actively engaged in activities to monitor and improve quality and outcomes.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice.

- We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)
- The lead pharmacist and nursing staff demonstrated awareness of current legislation, standards and guidance. The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as information provided by ACMP, Travax and NaTHNaC. Clients' needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service made improvements through the use of completed audits. Audits focused on service provision including piloting the length of appointments for initial consultations and demand at clinic locations. The senior management team carried out random checks of clinical records to ensure they were in line with recognised guidance and staff demonstrated proactive use of patient satisfaction surveys to monitor patient satisfaction.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant nursing professionals were registered with the Nursing and Midwifery Council (NMC) and were up to date with revalidation. The provider carried out yearly checks of their employed clinical staff on the NMC register.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together and worked well with other organisations, to deliver effective care and treatment.

- Clients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing travel vaccines and medicines, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Good

Are services effective?

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Good

Are services caring?

We rated caring as Good because:

We observed a calm and friendly atmosphere at the clinic during our inspection.

The clinic requested patient feedback to monitor quality of services. The clinic had received positive feedback from all patients about the care received.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were not available for patients who did not have English as a first language. Staff we spoke with explained that clients who required additional support would be advised to attend with a family member or friend when booking the appointment. This was clearly advertised on the Nomad website.
- No CQC comment cards were completed before the inspection, however the provider had completed an in-house survey and the results of the survey showed 100% of clients felt they were able to ask questions and were listened to.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected clients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated responsive as Choose a rating because:

- Services were organised and delivered to meet patients' needs. The provider sought client feedback to monitor the quality of services provided.
- Clients could access appointments and services in a way and at a time that suited them.
- The clinic had an effective system in place for handling complaints and concerns.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. The provider had implemented a client feedback questionnaire on the services provided to ensure client satisfaction was being achieved. Results from the questionnaire showed 100% of clients felt the provider had met their expectations and 90% said the nurse was very good at answering all of the client's questions.
- The facilities and premises were appropriate for the services delivered.
- Due to the site of the travel clinic, clients in vulnerable circumstances could not access the clinic. The provider told us that all requests for appointments in Birmingham were screened beforehand and clients were advised of access to the premises. If clients could not access the services of Nomad Travel in Birmingham, information on alternative local providers was offered.

Timely access to the service

Clients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Clients had timely access to initial travel advice, assessment, vaccines and post travel screening if required.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Feedback from the in-house questionnaire carried out by the provider showed clients were satisfied with the appointment system, with 100% of clients saying availability of appointments was good/very good.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff told us they treated clients who made complaints compassionately.
- The service informed clients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The provider told us that they had received no complaints in Birmingham during the past 12 months, however the service had systems in place to ensure complaints were shared amongst the wider team and an analysis of trends was completed to monitor client feedback and improve the quality of the services provided.

Good

Are services well-led?

We rated well-led as Good because:

The management team had established roles and systems of accountability in areas such as infection control to support good governance and management.

There was effective processes in place for the management of risks to ensure risks were mitigated.

Staff development was an important part of the company culture and was monitored regularly to ensure all staff were up to date with training relevant to their role.

The service acted on appropriate and accurate information. The service encouraged and valued feedback from clients and staff.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners. We were told the company ethos was the provision of information and ensuring travellers remained healthy.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Staff we spoke with, said there was a shared vision amongst the staff, with effective communication and regular reviews of the business to ensure clients received quality care and advice.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service. Staff told us there was enthusiasm within the company to make improvements.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. The provider had a business communication system in place to ensure staff received regular updates. Staff also told us they had regular contact with their line manager and clinical and pharmacy support was available through a satellite support system when required.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Staff we spoke with said there was no barriers between leaders and staff and everyone worked together as a team.

Governance arrangements

Good

Are services well-led?

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- The clinic had moved to the new premises five weeks before the inspection. The provider had implemented structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to client safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Evidence provided by the provider showed regular meetings were held to ensure all staff were kept up to date. Meetings included clinical meetings and monthly call meetings for nurses working at the clinics with the lead nurse.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with clients, staff and external partners

The service involved clients, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from clients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

There was a focus on continuous learning and improvement. The provider offered 15 minute appointments for the initial consultation, but following feedback from staff, one of the clinics within the group was trialling 30 minute appointments to see if they would be more manageable for staff. If successful, the provider planned to roll the new appointment times out to all sites.

The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.